


TRANSMITTAL OF APPEAL BRIEF			Docket No. 66729/P017US/10405597
In re Application of: Mark Lesswing et al.			
Application No. 09/577,386-Conf. #3851	Filing Date May 23, 2000	Examiner V. Frenel	Group Art Unit 3627
Invention: NOVEL METHOD AND APPARATUS FOR REPRICING A REIMBURSEMENT CLAIM AGAINST A CONTRACT			
<u>TO THE COMMISSIONER OF PATENTS:</u>			
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 _____ Jody C. Bishop Attorney Reg. No. : 44,034 FULBRIGHT & JAWORSKI L.L.P. 2200 Ross Avenue, Suite 2800 Dallas, Texas 75201-2784 (214) 855-8007		Dated: <u>June 29, 2007</u>	
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Dated: June 29, 2007

Signature:

Donna Forbit
(Donna Forbit)

Docket No.: 66729/P017US/10405597
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Mark Lesswing et al.

Application No.: 09/577,386

Confirmation No.: 3851

Filed: May 23, 2000

Art Unit: 3627

For: NOVEL METHOD AND APPARATUS FOR
REPRICING A REIMBURSEMENT CLAIM
AGAINST A CONTRACT

Examiner: V. Frenel

APPEAL BRIEF

MS Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

As required under § 41.37(a), this brief is filed more than two months after the Notice of Appeal filed in this case on April 24, 2007, and is in furtherance of said Notice of Appeal.

The fees required under § 41.20(b)(2) were previously paid for in Appeal Brief filed October 30, 2006.

This brief contains items under the following headings as required by 37 C.F.R. § 41.37 and M.P.E.P. § 1205.2:

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I. REAL PARTY IN INTEREST

The real party in interest for this appeal is:

The TriZetto Group, Inc., a Corporation organized under and pursuant to the laws of Delaware having its principal place of business at 6061 South Willow Drive, Suite 310, Greenwood Village, Colorado 80111.

II. RELATED APPEALS AND INTERFERENCES

There are no other appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in this appeal.

III. STATUS OF CLAIMS

A. Total Number of Claims in Application

There are 86 claims pending in application.

B. Current Status of Claims

1. Claims canceled: None
2. Claims withdrawn from consideration but not canceled: 12-23
3. Claims pending: 1-86
4. Claims allowed: None
5. Claims rejected: 1-11, 24-86

C. Claims On Appeal

The claims on appeal are claims 1-11 and 24-86.

IV. STATUS OF AMENDMENTS

A Final Office Action rejecting the claims of the present application was previously mailed May 31, 2006. The Final Office Action rejected claims 1-11 and 24-86 under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,704,044 issued to Tarter et al. (hereinafter "*Tarter*") in view of U.S. Patent No. 5,191,522 issued to Bosco et al. (hereinafter "*Bosco*"). In response, Applicant did not file an Amendment After Final Rejection, but instead filed a Notice of Appeal and then a supporting Appeal Brief.

In response to the Appeal Brief, the Examiner reopened prosecution and presented a new ground of rejection in an Office Action mailed January 24, 2007. The new ground of rejection again relies on the *Tarter* reference as teaching or suggesting certain claim elements (as in the Final Office Action of May 31, 2006), but replaces the *Bosco* reference with *Dart* reference. Applicant maintains that, for the reasons presented in the previously-filed Appeal Brief and re-presented below, *Tarter* fails to teach or suggest those claim elements for which the Examiner cites it. Thus, both the previous rejection and the new grounds of rejection remain improper for at least this reason. Also, as discussed below, *Dart* fails to teach or suggest the elements for which it is cited.

In response to the January 24, 2007 Office Action, Applicant did not file an Amendment After Final Rejection, but instead filed a Notice of Appeal (on April 24, 2007) with an accompanying Pre-Appeal Brief Request For Review. A panel decision was mailed May 30, 2007, which indicated that the application remains under appeal because there is at least one actual issue for appeal. In response, Applicant submits this Appeal Brief in furtherance of the Notice of Appeal filed April 24, 2007.

Accordingly, the claims on appeal are those as rejected in the Final Office Action of May 31, 2006 and again rejected in the new Office Action of January 24, 2007. A complete listing of the claims is provided in the Claims Appendix hereto.

V. SUMMARY OF CLAIMED SUBJECT MATTER

The following provides a concise explanation of the subject matter defined in each of the separately argued claims involved in the appeal, referring to the specification by page and line number and to the drawings by reference characters, as required by 37 C.F.R. § 41.37(c)(1)(v). Each element of the claims is identified by a corresponding reference to the specification and drawings where applicable. It should be noted that the citation to passages in the specification and drawings for each claim element does not imply that the limitations from the specification and drawings should be read into the corresponding claim element.

According to one claimed embodiment, such as that of independent claim 1, a computer implemented method of repricing an electronically received reimbursement claim under at least one contract is provided. The method comprises providing programming code for converting each contract (e.g., the contract of FIGURE 9) into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification). The method further comprises providing programming code for converting the reimbursement claim into a series of claim lines, each claim line containing a claim code, a unit number and a corresponding charge (*see e.g.*, page 11, line 18 – page 12, line 5 of the specification). The method further comprises providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification). The method further comprises providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 4, the step of sequentially comparing further includes: when a claim code, of a claim line, is substantially equal to a qualification code of a term, programming code for identifying the pre-defined section in which the term is categorized under as a governing pre-defined section for said claim line (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification); programming code for sequentially comparing the claim code of said claim line, only against the qualification codes, of each term categorized under said governing pre-defined section (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification); and when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, programming code for identifying said term as a matching term associated to said claim line (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 5, the step of determining the reimbursement amount includes: programming code for determining a reimbursement charge for each claim line associated to a non-eliminated matching term (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification); and programming code for adding the reimbursement charges for said claim lines, whereby the reimbursement amount for the claim is the addition of the reimbursement charges (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 6, when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 9, the method further includes programming code for comparing the claim identifier code, against the contract identifier code, of each contract, and when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract, wherein the repricing of said claim is repriced only against said governing contract (*see e.g.*, page 5, lines 1-10 and page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 10, the step of repricing the claim against said governing contract further includes when at least two contracts are identified as governing contracts, programming code for repricing said claim against each governing contract creating a list of governing reimbursement amounts (*see e.g.*, page 5, lines 1-10 and page 22, line 5 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 11, the method further comprises programming code for determining a lowest governing reimbursement amount, of the list of governing reimbursement amounts, wherein the lowest governing reimbursement amount is the reimbursement amount of said claim (*see e.g.*, page 22, line 5 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 24, an article of manufacture comprises a computer usable medium having computer readable program code embodied therein for repricing a reimbursement claim against at least one contract (e.g., the contract of FIGURE 9), said claim containing a claim identifier, a plurality of claim lines and a total charge, said contract containing a contract identifier and a plurality of contractual terms (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification). The computer readable program code means in the article of manufacture comprises computer readable program code means for causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of said contract, and containing a rate identifier code that represents the contract identifier of said contract (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 12, line 5, and page 13, line 20 – page 14, line 10 of the specification); computer readable program code means for causing a computer to generate the claim, the claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge; computer readable program code means for causing a computer to reprice the claim against a rate sheet, and to generate and assign a reimbursement amount to said repriced claim (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); and computer readable program code means for causing a computer to

graphically display the reimbursement amount of the repriced claim, and a difference between the total charge of the claim and the reimbursement amount of the repriced claim (*see e.g.*, FIGURES 24 and 26).

According to another claimed embodiment, such as that of independent claim 40, a computer implemented method for repricing a reimbursement claim under at least one contract (*e.g.*, the contract of FIGURE 9), (1) each claim containing at least one claim line, each claim line being defined by claim codes, a unit number and a corresponding charge (*see e.g.*, page 11, line 18 – page 12, line 5 of the specification), and (2) each contract containing at least one contractual term, each contractual term being defined by qualification codes, calculation codes (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification) is provided. The method for repricing comprises comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract; when a qualification code, of a contractual term, is satisfied by a claim code, of a claim line, identifying said contractual term as a matching contractual term associated to said claim line, and creating a list of all matching contractual terms (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions (*see e.g.*, page 18, line 21 – page 26, line 30 of the specification); and determining a reimbursement charge for each claim line associated to a non-eliminated matching term, and adding the reimbursement charges for said claim lines, wherein the reimbursement amount for the claim is the addition of said reimbursement charges (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 53, an article of manufacture comprises a computer usable medium having computer readable program code embodied therein for configuring a contract (*e.g.*, the contract of FIGURE 9), containing contractual terms, for repricing a reimbursement claim is provided. The computer readable program code means in the article of manufacture comprises computer readable program code means for causing a computer to generate a rate sheet representing the contractual terms of said

contract, the rate sheet containing identifier codes, and one or more rate terms (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); computer readable program code means for causing a computer to arrange the rate terms in a sequential series of terms (*see e.g.*, page 4, line 11 – page 5, line 9, page 9, line 10 – page 11, line 17, and page 13, line 20 – page 14, line 10 of the specification); and computer readable program code means for graphically conveying the rate sheet by displaying the sequential series of terms in an English language representation (*see e.g.*, FIGURE 20).

According to another claimed embodiment, such as that of independent claim 60, a method for electronically representing a reimbursement contract (e.g., the contract of FIGURE 9) between an insurer and a service provider comprises generating information, stored to computer-readable medium, representing at least one term of said reimbursement contract (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); and associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 61, the generated information represents a plurality of terms of said reimbursement contract, and the method further comprises associating, with each of said plurality of terms, information, stored to computer-readable medium, representing a priority of such term relative to the other terms (*see e.g.*, page 18, line 21 – page 20, line 20 of the specification).

In certain embodiments, such as that of dependent claim 62, if the corresponding at least one qualifier for multiple ones of the plurality of terms is satisfied by said claim, the priority information is usable to determine the term having the highest priority (*see e.g.*, page 18, line 21 – page 22, line 5 of the specification).

In certain embodiments, such as that of dependent claim 63, the corresponding calculation method for the satisfied at least one qualifier of the term determined to have the

highest priority is triggered for computing a reimbursement amount for the claim (*see e.g.*, page 20, line 21 – page 22, line 5 of the specification).

In certain embodiments, such as that of dependent claim 64, the method comprises associating, with said at least one term, information, stored to computer-readable medium, representing a plurality of different qualifiers that each have a different calculation method associated therewith, wherein each of the different qualifiers identifies a different condition to be satisfied by a claim for reimbursement in order to trigger its respective associated calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 65, computer-executable software code stored to a computer-readable medium comprises code for defining at least one term of a contract (e.g., the contract of FIGURE 9) for reimbursement by an insurer (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); and code for associating with the at least one term a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

In certain embodiments, such as that of dependent claim 69, the computer-executable software code further comprises code for receiving information about a claim submitted for reimbursement; code for determining whether said first term and its associated first qualification are satisfied by said claim; code for determining whether said first term and its associated second qualification are satisfied by said claim; code for computing a reimbursement amount for said claim according to the first calculation method if said claim satisfies said first term and its associated first qualification; and code for computing a reimbursement amount for said claim according to the second calculation method if said claim satisfies said first term and its associated second qualification (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 71, computer-executable software code stored to a computer-readable medium comprises code for generating a user interface providing a phrase describing a term of a contract (e.g., the contract of FIGURE 9) for reimbursement, wherein said phrase includes at least one input field for receiving input from a user (*see e.g.*, examples of FIGURES 14-18); and code for generating information, stored to computer-readable medium, representing said at least one term of said reimbursement contract based at least in part on information input to said at least one input field (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification).

According to another claimed embodiment, such as that of independent claim 79, computer-executable software code stored to a computer-readable medium comprises code for defining terms of a contract (e.g., the contract of FIGURE 9) for reimbursement by an insurer (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); and code for generating output presenting at least one phrase describing the terms of the defined contract for reimbursement (*see e.g.*, FIGURE 20).

In certain embodiments, such as that of dependent claim 80, the code for defining said terms of said contract comprise code for associating, with each of the terms, a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 82, a method for generating an electronic representation of a contract (e.g., the contract of FIGURE 9) for reimbursement is provided. The method comprises receiving, by a processor-based device, input identifying at least one term of said reimbursement contract (*see e.g.*, page 13, line 20 – page 18, line 20 of the specification); for each of the at least one term, receiving, by said processor-based device, input identifying at least one qualification that specifies at least one condition to be satisfied in a claim for the claim to qualify for reimbursement according to the corresponding contract term (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification);

and for each of the at least one qualification, receiving, by said processor-based device, input identifying a corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

According to another claimed embodiment, such as that of independent claim 84, a method for determining a reimbursement amount for a claim comprises defining a reimbursement contract (e.g., the contract of FIGURE 9) in computer-executable program code stored to a computer-readable medium, where said definition of said reimbursement contract includes information associating at least one term of the contract with at least one qualifier having a corresponding calculation method (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification); receiving into a processor-based device, information about a claim received for reimbursement; and said processor-based device determining a reimbursement amount for the claim based at least in part on the defined reimbursement contract (*see e.g.*, page 20, line 21 – page 26, line 30 of the specification).

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

Claims 1-11 and 24-86 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,704,044 issued to Tarter et al. (hereinafter "*Tarter*") in view of U.S. Patent No. 6,529,876 issued to Dart et al. (hereinafter "*Dart*").

VII. ARGUMENT

Appellant respectfully traverses the outstanding rejections of the pending claims, and requests that the Board reverse the outstanding rejections in light of the remarks contained herein. The claims do not stand or fall together. Instead, Appellant presents separate arguments for various independent and dependent claims. Each of these arguments is separately argued below and presented with separate headings and sub-heading as required by 37 C.F.R. § 41.37(c)(1)(vii).

A. Claim Rejections Under 35 U.S.C. § 103(a)

Appellant respectfully traverses the outstanding rejections of the pending claims, and requests that the Board reverse the outstanding rejections in light of the remarks contained herein. Below, Appellant argues many of the rejected claims separately. Thus, Appellant respectfully asserts that separately argued claims do not stand or fall together, *see* 37 C.F.R. § 41.37(c)(1)(vii).

Claims 1-11 and 24-86 were previously rejected in a Final Office Action mailed May 31, 2006 as being unpatentable under 35 U.S.C. § 103(a) over *Tarter* in view of *Bosco*. In response, Applicant appealed the rejection to the Board and submitted an Appeal Brief presenting arguments regarding why the claims are not unpatentable over the applied combination of *Tarter* and *Bosco*. In response to the Appeal Brief, the Examiner has reopened prosecution and now rejects the claims as being unpatentable over *Tarter* in view of *Dart*.

Appellant respectfully submits that *Dart* does not cure the deficiencies of *Tart* for the reasons discussed below. In particular, various elements which the Examiner contends are taught or suggested by *Tart*, are not so taught or suggested by *Tart* for the reasons discussed in

the previously-filed Appeal Brief (of October 30, 2006) and reiterated herein. In addition, *Dart* fails to teach or suggest the further elements that the Examiner relies upon it as disclosing. Thus, for the reasons discussed further below, the combination of *Tarter* and *Dart* fails to render the claims unpatentable. As such, Appellant respectfully requests that the rejections be overturned with instructions that this application be passed to allowance.

The test for non-obvious subject matter is whether the differences between the subject matter and the prior art are such that the claimed subject matter as a whole would have been obvious to a person having ordinary skill in the art to which the subject matter pertains. The United States Supreme Court in Graham v. John Deere and Co., 383 U.S. 1 (1966) set forth the factual inquiries which must be considered in applying the statutory test: (1) determining of the scope and content of the prior art; (2) ascertaining the differences between the prior art and the claims at issue; and (3) resolving the level of ordinary skill in the pertinent art.

Further, to properly establish obviousness, sufficient reasons that would have prompted one of ordinary skill in the art to combine/modify the prior art teachings in a manner that would arrive at the claimed invention must be present. For instance, it is “important to identify a reason that would have prompted a person of ordinary skill ... to have combined the [prior art] elements in the way the claimed invention does”. *KSR Int’l Co. v. Teleflex, Inc.*, No 05-1350, 550 U.S. _____ (2007).

As discussed further hereafter, Applicant respectfully asserts that the claims include non-obvious differences over the cited art. That is, as discussed further below, when considering the scope and content of the applied *Tarter* and *Dart* references there are significant differences between the applied combination and the claims, as the applied combination fails to disclose all elements of the claims. Thus, considering the lack of disclosure in the applied combination of all elements of the claims, one of ordinary skill in the art would not find the claims obvious under 35 U.S.C. §103, and therefore the rejections should be overturned.

Independent Claim 1 and Dependent Claims 2-3

Independent claim 1 recites:

A computer implemented method of repricing an electronically received reimbursement claim under at least one contract comprising: providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms; providing programming code for converting the reimbursement claim into a series of claim lines, each claim line containing a claim code, a unit number and a corresponding charge; providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line, providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.

As discussed hereafter, the applied combination of references fails to teach or suggest at least i) “providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms”, ii) “providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line”, and iii) “providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the

claim by processing the calculation codes of the non-eliminated matching terms.” Thus, the rejection of claim 1 should fall.

i) providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms

First, independent claim 1 recites, in part, “providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms”. The Examiner continues to rely upon *Tarter* as teaching this element. Specifically, as with the August 3, 2005 Office Action, the January 24, 2007 Office Action asserts that column 15, lines 7-65 of *Tarter* teaches this element, *see* item 4(A) on Page 3 of the January 24, 2007 Office Action. However, as addressed in the Appeal Brief of October 30, 2006 and discussed further below, the relied upon portion of *Tarter* in no way teaches or suggests the above element of claim 1. For example, there is no mention of qualification codes, calculation codes, or priority notes in the relied upon portion of *Tarter*. Additionally, the relied upon portion of *Tarter* further fails to teach or suggest “arranging the plurality of terms, of said contract, into a sequential series of terms”.

Column 15, lines 7-65 of *Tarter*, which the Examiner appears to rely upon as teaching the above element of claim 1, provides that:

CHARMS efficiently converts collateralizable assets – in this case receivables – into cash, forecasts cash flow needs, and matches them to available funding sources at competitive market interest rates. ... CHARMS provides the means to obtain the funds needed to purchase the account receivables through securitization, (i.e., borrowing the money and using the receivables as collateral). CHARMS provides for the securitization of the receivables as follows. CHARMS provides the means for the purchase by the System Operator of all of the adjudicated and approved third party receivables from the contracted service providers. CHARMS utilizes historical third party payment data and standardized

ratings of the relevant payors and obligors to present rating agencies a conventional underwriting package that will be very easy to rate. Once a rating is established, a broad range of highly competitive markets will be available in which to obtain funding.

The relied upon portion of *Tarter* in no way teaches or suggests the above element of claim 1. For instance, *Tarter* does not teach or suggest “providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes” (emphasis added). For example, there is no mention of qualification codes, calculation codes, or priority notes in the relied upon portion of *Tarter*. Additionally, the relied upon portion of *Tarter* further fails to teach or suggest “arranging the plurality of terms, of said contract, into a sequential series of terms”.

Further, *Dart* is not relied upon as teaching or suggesting this element, nor does it appear to do so.

Because this element of claim 1 is not taught or suggested by the applied combination, the rejection of claim 1 should be overturned.

ii) providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line

Additionally, claim 1 further recites “providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line”. As with the Office Action of August 3, 2005, the Office Action of January 24, 2007 relies upon *Tarter* as teaching this element. Specifically, the January 24, 2007 Office Action asserts that Col. 13, line 44 to Col. 15, line 39 of *Tarter* teaches this element, *see* item 4(A) on Page 3 of the January 27, 2007 Office Action. Appellant respectfully disagrees for the below reasons.

The relied upon portion of *Tarter* describes “Transaction Processing” in which:

On a daily basis, CHARMS summarizes and prepares records of all transactions. At the end of daily processing, CHARMS initiates a series of funds transfer transactions for all approved claims that have been marked for purchase. In one embodiment of the present invention, CHARMS credits the pharmacy's designated bank account through the existing ACH system in accordance with the agreed upon discounting schedule and debits the SPV's funding account. Col. 13, lines 44-51.

Thus, in this manner, CHARMS initiates a series of funds transfer transactions (to credit the pharmacy's designated bank account) for all approved claims that have been marked for purchase. The relied upon portion of *Tarter* further teaches “Funds Collection” in which:

Upon the establishment of a relationship between the System Operator and a newly subscribing service provider, notice is sent to all relevant payors that all future payments and supporting data for approved claims should be sent directly to the System Operator. CHARMS directs payors to make payments directly to an SPV lock box account. CHARMS monitors the compliance of the payors with their contracted payment terms to insure both the accuracy and timing of the funds flow. FIG. 46. Using pre-defined protocols that are constantly tuned to achieve the most effective payment results, CHARMS provides the means to systematically contact payors and obligors when timely payment has not been received. Col. 14, lines 24-36.

Thus, payments are made from payors to an SPV lock box account under monitoring of CHARMS. The relied upon portion of *Tarter* further teaches “Funds Management and Reconciliation” in which:

On a daily basis CHARMS provides for at least the following cash management functions: (1) the purchase of new service provider receivables; (2) the collection of payments from payors; and (3) the funding or redeeming of market securities. CHARMS processes RAs as they are received along with payments from payors. CHARMS then reconciles previously retained claims against data received in these RAs, uses pre defined parameters to determine disposition, and identifies, reports, and stores any exceptions in an exception database file

Thus, CHARMS provides the fund management and reconciliation services. The relied upon portion of *Tarter* further teaches “Receivables Securitization” in which:

CHARMS provides the means to obtain the funds needed to purchase the account receivables through securitization, (i.e., borrowing the money and using the receivables as collateral). CHARMS provides for the securitization of the receivables as follows. CHARMS provides the means for the purchase by the System Operator of all of the adjudicated and approved third party receivables from the contracted service providers. CHARMS utilizes historical third party payment data and standardized ratings of the relevant payors and obligors to present rating agencies a conventional underwriting package that will be very easy to rate. Once a rating is established, a broad range of highly competitive markets will be available in which to obtain funding. Col. 15, lines 25-39.

Thus, CHARMS provides the ability to purchase account receivables through securitization.

However, the relied upon portion of *Tarter* in no way teaches or suggests “providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line”. For instance, *Tarter* does not teach or suggest comparing each claim code of a series of claim lines against a qualification code. Further, *Tarter* does not teach or suggest identifying a term as a matching term associated to the claim line when a claim code of the claim line is substantially equal to the qualification code. These actions are completely absent from the relied upon teaching of *Tarter*.

Additionally, it appears that *Dart* is not relied upon as teaching or suggesting this further element of claim 1, nor does it do so.

Thus, because this further element of claim 1 is not taught or suggested by the applied combination, the rejection of claim 1 should be overturned.

iii) providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms

Further still, claim 1 also recites “providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.” The Office Action of January 24, 2007 concedes that *Tarter* fails to teach or suggest these elements of claim 1, but asserts that these elements are found in *Dart*, *see* pages 3-4 of the January 24, 2007 Office Action. Particularly, the January 24, 2007 Office Action relies upon Col. 3, line 13 – Col. 4, line 63 of *Dart* as teaching or suggesting the above elements of claim 1, *see* page 4 of the January 24, 2007 Office Action. Appellant respectfully disagrees.

In general, *Dart* is directed to a software program that assists a physician in forming a proper claim that contains the proper codes for services rendered to a patient so that the resulting claim that is submitted for reimbursement by an insurer (e.g., Medicare, etc.) is compliant with rules and regulations pertaining to such claims to prevent the physician from encountering penalties associated with submitting non-compliant claims. While *Dart* aids a physician in preparing a compliant claim for services rendered to a patient, *Dart* is not directed to repricing such a reimbursement claim under at least one contract. That is, *Dart* is not concerned with how the reimbursement claim is processed (e.g., against a contract) for payment to the physician. Instead, *Dart* is solely concerned with aiding a physician in forming a compliant claim in the first place. *Dart* in no way teaches or suggests comparing each claim code against each qualification code to identify matching terms, and determining any priority conditions associated to all of the matching terms and eliminating any matching terms that are excluded by the priority conditions. Again, *Dart* is simply not concerned with processing a claim code against a contract to identify matching terms, but is rather merely directed to forming a compliant claim in the first place.

In view of the above, the applied combination of *Tarter* and *Dart* fails to teach or suggest each and every element of independent claim 1. As such, independent claim 1 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Dart*. Therefore, Appellant respectfully requests that this rejection of claim 1 be overturned.

Claims 2-3 each depend from independent claim 1, and are thus likewise believed to be allowable at least based on their dependency from claim 1 for the reasons discussed above.

Accordingly, Appellant respectfully requests that the rejection of claims 2-3 also be overturned.

Dependent Claim 4

Dependent claim 4 depends indirectly from claim 1, and thus inherits all of the limitations of claim 1 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 4 is allowable at least because of its dependence from claim 1 for the reasons discussed above.

Claim 4 further recites:

The computer implemented method of claim 3 wherein the step of sequentially comparing further includes:

when a claim code, of a claim line, is substantially equal to a qualification code of a term, programming code for identifying the pre-defined section in which the term is categorized under as a governing pre-defined section for said claim line;

programming code for sequentially comparing the claim code of said claim line, only against the qualification codes, of each term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, programming code for identifying said term as a matching term associated to said claim line.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 4. For instance, As discussed above, *Tarter* fails to provide any such teaching or suggestion of sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms. Thus, *Tarter* fails to teach or suggest these further actions that such sequentially comparing further includes. *Dart* is not relied-upon as teaching or suggesting these elements, nor does it do so. Thus, for this further reason, the rejection of claim 4 should be overturned.

Dependent Claim 5

Dependent claim 5 depends from claim 4, and thus inherits all of the limitations of claim 4 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 5 is allowable at least because of its dependence from claim 4 for the reasons discussed above.

Claim 5 further recites:

The computer implemented method of claim 4 wherein the step of determining the reimbursement amount includes:
programming code for determining a reimbursement charge for each claim line associated to a non-eliminated matching term; and
programming code for adding the reimbursement charges for said claim lines, whereby the reimbursement amount for the claim is the addition of the reimbursement charges.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 5. For instance, *Tarter* fails to teach or suggest determining a reimbursement charge for each claim line associated to a non-eliminated matching term. Further, *Dart* is not relied-upon as disclosing this element, nor does it do so. Thus, for this further reason, the rejection of claim 5 should be overturned.

Dependent Claims 6-8

Dependent claim 6 depends from claim 5, and thus inherits all of the limitations of claim 5 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 6 is allowable at least because of its dependence from claim 5 for the reasons discussed above.

Claim 6 further recites:

The computer implemented method of claim 5 wherein when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 6. The January 24, 2007 Office Action asserts on page 6 thereof that *Tarter* discloses these further elements, citing col. 5, line 38 – col. 6, line 31. The cited portion of *Tarter* provides:

Processors may perform over 50 edits on each claim to insure that the precise parameters of the plan are met. A claim which passes all of the processor's system edits is deemed "approved" and receives "claim payable" status. As explained in detail below, approved claims are subject to subsequent, often inappropriate, payment adjustments by a processor. Claim messages which do not contain all of the required plan parameter inputs in acceptable form are rejected during processor system edits and returned to the service provider with an identification of the plan parameter(s) causing the rejection. These claims may be immediately amended by the service provider and resubmitted for adjudication. Suspended claims are those which the processor neither approves nor rejects but rather holds while it requests additional information from the service provider or pre-approval from the plan sponsor.

Once a service provider receives a positive on-line adjudication response to a claim, it logs the claim as an approved claim receivable, dispenses the drug

based on instructions from the doctor and awaits payment from the payor. See FIG. 13. Almost all processors rule-off each pharmacy's account every thirty days using the claim submission date as day one (except for PCS, which operates on a 14 day cycle, and certain other processors, which operate on a 40 day cycle), and payments in the form of checks are usually made to the pharmacy three to five days after rule-off. The checks represent payment for all the approved claims payable for a single pharmacy less a processing fee and/or adjustments.

A review of a number of receivables portfolios by some of the inventors has revealed an average of 35 days for payment to be received by many service providers. Although each portfolio is unique for each pharmacy because each has a different operating plan, it is likely that the overall receivable time frame will not vary significantly because the major TPAs have structured the same program for most or all of their plan sponsors. Thus, even though any given pharmacy could end up with a claim transaction relating to any one of 3,500 obligors that the pharmacy honors, there is much homogeneity due to the uniform nature of the TPA' plans.

After receiving payment, service providers may attempt to reconcile what they received from the payor with the amounts of the claims approved by the processors. Based on investigations by the inventors, many pharmacies do not bother to reconcile, and, for those that do, if the amount of the payment (the combined total payment from many plans) is within a few hundred dollars of the claimed amount, they usually choose to accept any discrepancy and not reconcile because, as explained below, it may cost them more to precisely reconcile an RA than to accept the discrepancy in the payment.

As explained above, each formatted message and response in the on-line system adheres to standard specifications set by the NCPDP. All responses therefore share a number of common functional traits. Generally, all responses verify a match between the information submitted and the terms of the plans. They also check for drug interactions and appropriate dosage levels. In addition, they provide the price of the prescription based upon the National Drug Code's

prescription identification system and the industry standard prices published by companies such as Medispan of Indianapolis, Indiana.

As can be seen, this fails to make any mention of “when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term.” While the cited portion of *Tarter* mentions that parameters submitted for claims may be accepted or rejected, and once accepted the claim may be adjudicated; the cited portion of *Tarter* makes no mention of how the claim is adjudicated, and certainly fails to mention a priority note, calculation codes, or a claim line associated to a non-eliminated matching term.

Thus, for this further reason, the rejection of claim 6 should be overturned. Claims 7-8 each depend from claim 6, and are thus likewise believed to be allowable at least based on their dependency from claim 6 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 7-8 also be overturned.

Dependent Claim 9

Dependent claim 9 depends from claim 8, which depends indirectly from claim 6, and thus claim 9 inherits all of the limitations of claim 6 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 9 is allowable at least because of its dependence from claim 6 for the reasons discussed above.

Claim 9 further recites:

The computer implemented method of claim 8 further including:
programming code for comparing the claim identifier code, against the contract identifier code, of each contract, and when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract, wherein the repricing of said claim is repriced only against said governing contract.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 9. The January 24, 2007 Office Action asserts that *Tarter* discloses the above element of claim 9 at col. 13, line 44 – col. 15, line 39. However, the cited portion of *Tarter* makes no mention whatsoever of comparing a claim identifier code against a contract identifier code to identify a governing contract against which the claim is to be repriced. *Dart* is not relied upon as disclosing this element, nor does it do so. Thus, for this further reason, the rejection of claim 9 should be overturned.

Dependent Claim 10

Dependent claim 10 depends from claim 9, and thus inherits all of the limitations of claim 9 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 10 is allowable at least because of its dependence from claim 9 for the reasons discussed above.

Claim 10 further recites:

The computer implemented method of claim 9 wherein the step of repricing the claim against said governing contract further includes:
when at least two contracts are identified as governing contracts,
programming code for repricing said claim against each governing contract
creating a list of governing reimbursement amounts.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 10. As discussed above with claim 9, the relied-upon portions of *Tarter* do not teach or suggest identifying a governing contract for a claim, and it further fails to teach or suggest identifying at least two governing contracts against which the claim is repriced. *Dart* is not relied-upon as disclosing this further element of claim 10, nor does it do so. Thus, for this further reason, the rejection of claim 10 should be overturned.

Dependent Claim 11

Dependent claim 11 depends from claim 10, and thus inherits all of the limitations of claim 10 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 11 is allowable at least because of its dependence from claim 10 for the reasons discussed above.

Claim 11 further recites:

The computer implemented method of claim 10 further comprising:
programming code for determining a lowest governing reimbursement
amount, of the list of governing reimbursement amounts, wherein the lowest
governing reimbursement amount is the reimbursement amount of said claim.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 11. As discussed above with claim 10, the relied-upon portions of *Tarter* do not teach or suggest identifying at least two governing contracts against which the claim is repriced, nor does *Tarter* further disclose determining a lowest governing reimbursement amount from a list of governing reimbursement amounts. *Dart* is not relied-upon as disclosing this further element of claim 11, nor does it do so. Thus, for this further reason, the rejection of claim 11 should be overturned.

Independent Claim 24 and Dependent Claims 25-39

Independent claim 24 recites, in part, “computer readable program code means for causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of said contract, and containing a rate identifier code that represents the contract identifier of said contract”. The Office Action of January 24, 2007 relies upon *Tarter* as teaching or suggesting this element of claim 24. Particularly, the January 24, 2007 Office Action relies upon Col. 13, line 44 to Col. 14, line 65 as teaching or suggesting the above element of claim 24, *see* page 8 of the January 24, 2007 Office Action.

As described above, this portion of *Tarter* teaches “Transaction Processing,” “Funds Collection,” and “Funds Management and Reconciliation”. This portion of *Tarter* does not teach or suggest computer readable program code causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of the contract, and containing a rate identifier code that represents the contract identifier of the contract. Thus, the rejection over *Tarter* is improper. *Dart* is not relied-upon as disclosing this element, nor does it do so.

Claim 24 further recites “computer readable program code means for causing a computer to generate the claim, the claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge”. The January 24, 2007 Office Action relies upon Col. 15, line 7 to Col. 16, line 31 of *Tarter* as teaching or suggesting this element, *see* page 8 of the Office Action. As described above, this portion of *Tarter* teaches “Receivables Securitization.” This in no way teaches or suggests generating a claim having a claim identifier codes and a series of claim lines with each claim line including a claim code, unit number and code charge. Thus, the rejection over *Tarter* is improper. *Dart* is not relied-upon as disclosing this element, nor does it do so.

Claim 24 further recites “computer readable program code means for causing a computer to reprice the claim against a rate sheet, and to generate and assign a reimbursement amount to

said repriced claim”. The Office Action of January 24, 2007 relies upon Col. 15, line 7 to Col. 16, line 31 of *Tarter* as teaching or suggesting this element, *see* page 8 of the Office Action. As described above, this portion of *Tarter* teaches “Receivables Securitization.” This in no way teaches or suggests generating repricing a claim against a rate sheet and generating and assigning a reimbursement amount to a repriced claim. More particularly, the “Receivables Securitization” taught by *Tarter* in no way teaches or suggests repricing a claim against a rate sheet. Thus, the rejection over *Tarter* is improper. *Dart* is not relied-upon as disclosing this element, nor does it do so.

In view of the above, the applied combination of *Tarter* and *Dart* fails to teach or suggest each and every element of independent claim 24. As such, independent claim 24 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Dart*. Accordingly, Appellant respectfully requests that the rejection of claim 24 be overturned.

Claims 25-39 each depend from independent claim 24, and are thus likewise believed to be allowable at least based on their dependency from claim 24 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 25-39 also be overturned.

Independent Claim 40 and Dependent Claims 41-52

Independent claim 40 recites, in part, “comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract”. The Office Action of January 24, 2007 asserts, at page 15 thereof, that *Tarter* teaches or suggests this element at Col. 13, line 44 to Col. 15, line 39. However, the relied upon portion of *Tarter* in no way teaches or suggests this element of claim 40. As described above, this portion of *Tarter* describes “Transaction Processing,” “Funds Collection,” “Funds Management and Reconciliation,” and “Receivables Securitization.” The relied upon portion of *Tarter* in no way teaches or suggests “comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract”. For instance, *Tarter* does not teach or suggest comparing each claim code of a claim against a qualification code of a term of a contract. This action is completely absent from the

relied upon teaching of *Tarter*. Also, *Dart* is not relied upon as teaching or suggesting this element, nor does it do so.

Further, claim 40 recites “when a qualification code, of a contractual term, is satisfied by a claim code, of a claim line, identifying said contractual term as a matching contractual term associated to said claim line, and creating a list of all matching contractual terms”. The Office Action of January 24, 2007 asserts that *Tarter* further teaches or suggests this element of claim 40, particularly relying upon Col. 13, line 44 to Col. 14, line 67, *see* page 15 of the Office Action. As mentioned above, this portion of *Tarter* in no way teaches or suggests using a qualification code of a contractual term, and it certainly fails to teach or suggest identifying a contractual term as a matching term associated to the claim line when the qualification code is satisfied by a claim code. Nor does this portion of *Tarter* teach or suggest creating a list of all matching contractual terms. There is simply no hint whatsoever of such a list being created in the relied upon portion of *Tarter*. *Dart* is not relied upon as teaching or suggesting this element, nor does it do so.

Independent claim 40 further recites “determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions”. The Office Action of January 24, 2007 asserts that *Dart* teaches or suggests this element of claim 40, particularly relying upon Col. 10, line 60 – col. 11, line 34, *see* page 15 of the Office Action. The cited portion of *Dart* merely provides:

The principal object of the system's present disclosure is to provide the medical provider, whether individual or organization, with a method and computer hardware/computer program apparatus which insures compliance with coding requirements, of services and health care provided, preliminary to and for billing and reimbursement. An additional object of the method and apparatus disclosed is the electronic and computer automation of the coding process which reduces the potential for human error in coding thereby increasing the likelihood that the coding resulting for each provider/patient encounter will meet regulatory compliance requirements. Another objective of the method disclosed is the greater ease in or realtime production of audit information both for quality control of billings forwarded for reimbursement and for eventual use in the event of an

inquiry by an agency.

The prior art coding process shown in FIG. 1 demonstrates the process of developing the History Component 1100, Physical Component 1200 and Medical Decision Component, performing the Prior Art Auditing Process 1030 and establishing, by a manual process, the Final E&M Code 1701.

The preferred embodiment of the present disclosure is illustrated in FIGS. 2 through 7 and 9 through 11 where an electronic template, depending upon the Patient Encounter Category, is chosen at Selection of Template 1050. The provider then gathers and inputs data as required. The method is outlined as follows: A method for using a computer to facilitate E&M coding by a medical provider of a patient encounter comprising: inputting into the computer a code selecting an electronic template specific to a type of patient encounter; acquiring data prompted by the electronic template for the specific type of patient encounter for a specific patient encounter; inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter; outputting an audit of the inputted data acquired for the specific patient encounter; inputting into the computer modifying variables for the specific patient encounter; outputting a Final E&M code. The Final E&M code, used for billing purposes will have been subjected to realtime audits as the provider acquires and inputs required data.

This fails to provide any teaching whatsoever of “determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions.” Indeed, the teaching of *Dart* is not directed to repricing a reimbursement claim under a contract, but is instead directed to aiding a physician in preparing a compliant claim form for services rendered to a patient. That is, *Dart* is not concerned with how the reimbursement claim is processed (e.g., against a contract) for payment to the physician, but is instead solely concerned with aiding a physician in forming a compliant claim in the first place.

In view of the above, the applied combination of *Tarter* and *Dart* fails to teach or suggest each and every element of independent claim 40. As such, independent claim 40 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Dart*. Therefore, Appellant respectfully requests that this rejection of claim 40 be overturned.

Claims 41-52 each depend from independent claim 40, and are thus likewise believed to be allowable at least based on their dependency from claim 40 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 41-52 also be overturned.

Independent Claim 53 and Dependent Claims 54-59

Independent claim 53 recites, in part, “computer readable program code means for causing a computer to generate a rate sheet representing the contractual terms of said contract, the rate sheet containing identifier codes, and one or more rate terms”. The Office Action of January 24, 2007 relies upon *Tarter* as teaching or suggesting this element of claim 53. Particularly, the Office Action relies upon Col. 13, line 44 to Col. 14, line 65 as teaching or suggesting the above element of claim 53, *see* page 20 of the January 24, 2007 Office Action. As described above, this portion of *Tarter* teaches “Transaction Processing,” “Funds Collection,” and “Funds Management and Reconciliation”. This portion of *Tarter* does not teach or suggest computer readable program code causing a computer to generate a rate sheet representing contractual terms, the rate sheet containing one or more rate terms and identifier codes. Thus, the rejection over *Tarter* is improper. Further, *Dart* is not relied-upon as disclosing this element, nor does it do so. Thus, the combination of *Tarter* and *Dart* fails to teach or suggest at least this element of claim 53.

Claim 53 further recites “computer readable program code means for causing a computer to arrange the rate terms in a sequential series of terms”. The Office Action of January 24, 2007 relies upon *Dart*, particularly Col. 2, lines 5-59, as teaching or suggesting this element, *see* pages 20-21 of the January 24, 2007 Office Action. However, the relied upon portion of *Dart* in no way teaches or suggests arranging rate terms in a sequential series of terms. Thus, the combination of *Tarter* and *Dart* further fails to teach or suggest this element of claim 53.

Claim 53 further recites “computer readable program code means for graphically conveying the rate sheet by displaying the sequential series of terms in an English language representation.”. The Office Action of January 24, 2007 relies upon Col. 2, lines 5-59 of *Dart* as

teaching or suggesting this element, *see* page 21 of the January 24, 2007 Office Action. However, the relied upon portion of *Dart* fails to teach or suggest graphically conveying a rate sheet by displaying a sequential series of terms. Thus, the combination of *Tarter* and *Dart* further fails to teach or suggest this element of claim 53.

In view of the above, the applied combination of *Tarter* and *Dart* fails to teach or suggest each and every element of independent claim 53. As such, independent claim 53 is not obvious under 35 U.S.C. § 103(a) over *Tarter* in view of *Dart*. Therefore, Appellant respectfully requests that this rejection of claim 53 be overturned.

Claims 54-59 each depend from independent claim 53, and are thus likewise believed to be allowable at least based on their dependency from claim 53 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 54-59 also be overturned.

Independent Claim 60

Independent claim 60 recites, in part, “associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method.” The applied combination of *Tarter* and *Dart* fails to teach or suggest at least this element of claim 60.

Therefore, Appellant respectfully requests that this rejection of claim 60 be overturned.

Dependent Claim 61

Dependent claim 61 depends from claim 60, and thus inherits all of the limitations of claim 60 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 61 is allowable at least because of its dependence from claim 60 for the reasons discussed above.

Claim 61 further recites:

wherein the generated information represents a plurality of terms of said reimbursement contract, further comprising:

associating, with each of said plurality of terms, information, stored to computer-readable medium, representing a priority of such term relative to the other terms.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 61. That is, neither *Tarter* nor *Dart* teaches or suggests associating with each term information representing a priority of the term relative to other terms. Thus, for this further reason, the rejection of claim 61 should be overturned.

Dependent Claim 62

Dependent claim 62 depends from claim 61, and thus inherits all of the limitations of claim 61 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 62 is allowable at least because of its dependence from claim 61 for the reasons discussed above.

Claim 62 further recites:

wherein if the corresponding at least one qualifier for multiple ones of the plurality of terms is satisfied by said claim, the priority information is usable to determine the term having the highest priority.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest this further element of claim 62. For instance, neither *Tarter* nor *Dart* teaches or suggests using the priority information to determine one of a plurality of terms that is satisfied by a claim which has the highest priority. Thus, for this further reason, the rejection of claim 62 should be overturned.

Dependent Claim 63

Dependent claim 63 depends from claim 62, and thus inherits all of the limitations of claim 62 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 63 is allowable at least because of its dependence from claim 62 for the reasons discussed above.

Claim 63 further recites:

wherein the corresponding calculation method for the satisfied at least one qualifier of the term determined to have the highest priority is triggered for computing a reimbursement amount for the claim.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest this further element of claim 63. For instance, neither *Tarter* nor *Dart* teaches or suggests triggering a calculation method for a satisfied term that is determined to have the highest priority in order to

compute a reimbursement amount of a claim. Thus, for this further reason, the rejection of claim 63 should be overturned.

Dependent Claim 64

Dependent claim 64 depends from claim 60, and thus inherits all of the limitations of claim 60 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 64 is allowable at least because of its dependence from claim 60 for the reasons discussed above.

Claim 64 further recites:

The method of claim 60 comprising:
associating, with said at least one term, information, stored to computer-readable medium, representing a plurality of different qualifiers that each have a different calculation method associated therewith, wherein each of the different qualifiers identifies a different condition to be satisfied by a claim for reimbursement in order to trigger its respective associated calculation method.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest this further element of claim 64. For instance, neither *Tarter* nor *Dart* teaches or suggests associating with a term information representing a plurality of different qualifiers that each have a different calculation method associated therewith, as recited by claim 64. Thus, for this further reason, the rejection of claim 64 should be overturned.

Independent Claim 65 and Dependent Claims 66-68 and 70

Independent claim 65 recites, in part, “code for associating with the at least one term a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.” The applied combination of *Tarter* and *Dart* fails to teach or suggest at least this element of claim 65. Therefore, Appellant respectfully requests that this rejection of claim 65 be overturned.

Claims 66-68 and 70 each depend from independent claim 65, and are thus likewise believed to be allowable at least based on their dependency from claim 65 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 66-68 and 70 also be overturned.

Dependent Claim 69

Dependent claim 69 depends indirectly from claim 65, and thus inherits all of the limitations of claim 65 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 69 is allowable at least because of its dependence from claim 65 for the reasons discussed above.

Claim 69 further recites:

The computer-executable software code of claim 68 further comprising:
code for receiving information about a claim submitted for reimbursement;
code for determining whether said first term and its associated first qualification are satisfied by said claim;
code for determining whether said first term and its associated second qualification are satisfied by said claim;
code for computing a reimbursement amount for said claim according to the first calculation method if said claim satisfies said first term and its associated first qualification; and
code for computing a reimbursement amount for said claim according to the second calculation method if said claim satisfies said first term and its associated second qualification.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest these further elements of claim 69. For instance, neither *Tarter* nor *Dart* teaches or suggests first and second qualifications, code for determining whether a term and its associated first or second qualification are satisfied by a claim, or code for computing a reimbursement amount according to a calculation method corresponding to a satisfied one of the first and second qualifications. Thus, for this further reason, the rejection of claim 69 should be overturned.

Independent Claim 71 and Dependent Claims 72-78

Independent claim 71 recites, in part, “code for generating a user interface providing a phrase describing a term of a contract for reimbursement, wherein said phrase includes at least one input field for receiving input from a user”. The applied combination of *Tarter* and *Dart* fails to teach or suggest at least this element of claim 71. Therefore, Appellant respectfully requests that this rejection of claim 71 be withdrawn.

Claims 72-78 each depend from independent claim 71, and are thus likewise believed to be allowable at least based on their dependency from claim 71 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 72-78 also be overturned.

Independent Claim 79 and Dependent Claim 81

Independent claim 79 recites, in part, “code for generating output presenting at least one phrase describing the terms of the defined contract for reimbursement.” The applied combination of *Tarter* and *Dart* fails to teach or suggest at least this element of independent claim 79. Therefore, Appellant respectfully requests that this rejection of claim 79 be overturned.

Claim 81 depends from independent claim 79, and is thus likewise believed to be allowable at least based on its dependency from claim 79 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claim 81 also be overturned.

Dependent Claim 80

Dependent claim 80 depends from claim 79, and thus inherits all of the limitations of claim 79 in addition to its own supplied limitations. It is respectfully submitted that dependent claim 80 is allowable at least because of its dependence from claim 79 for the reasons discussed above.

Claim 80 further recites:

The computer-executable software code of claim 79 wherein the code for defining said terms of said contract comprise:

code for associating, with each of the terms, a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.

The applied combination of *Tarter* and *Dart* further fails to teach or suggest this further element of claim 80. For instance, neither *Tarter* nor *Dart* teaches or suggests associating with each term a qualification having a corresponding calculation method, as recited by claim 80. Thus, for this further reason, the rejection of claim 80 should be overturned.

Independent Claim 82 and Dependent Claim 83

Independent claim 82 recites, in part, “for each of the at least one term, receiving, by said processor-based device, input identifying at least one qualification that specifies at least one condition to be satisfied in a claim for the claim to qualify for reimbursement according to the corresponding contract term”. The applied combination of *Tarter* and *Dart* fails to teach or suggest at least this element of independent claim 82. Therefore, Appellant respectfully requests that this rejection of claim 82 be overturned.

Claim 83 depends from independent claim 82, and is thus likewise believed to be allowable at least based on its dependency from claim 82 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claim 83 also be overturned.

Independent Claim 84 and Dependent Claims 85-86

Independent claim 84 recites, in part, “defining a reimbursement contract in computer-executable program code stored to a computer-readable medium, where said definition of said reimbursement contract includes information associating at least one term of the contract with at least one qualifier having a corresponding calculation method”. The applied combination of

Tarter and *Dart* fails to teach or suggest at least this element of independent claim 84. Therefore, Appellant respectfully requests that this rejection of claim 84 be overturned.

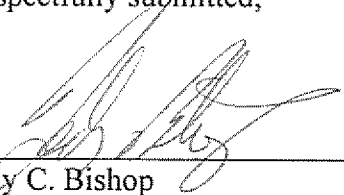
Claims 85-86 each depend from independent claim 84, and are thus likewise believed to be allowable at least based on their dependency from claim 84 for the reasons discussed above. Accordingly, Appellant respectfully requests that the rejection of claims 85-86 also be overturned.

Conclusion

In view of the above, Appellant requests that the board overturn the outstanding rejections of claims 1-11 and 24-86. Attached hereto are a Claims Appendix, Evidence Appendix, and Related Proceedings Appendix. As noted in the attached Evidence Appendix, no evidence pursuant to §§ 1.130, 1.131, or 1.132 or entered by or relied upon by the examiner is being submitted. Also, as noted by the Related Proceedings Appendix, no related proceedings are referenced in II above, and thus no copies of decisions in related proceedings are provided.

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Respectfully submitted,

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VIII. CLAIMS APPENDIX

Claims Involved in the Appeal of Application Serial No. 09/577,386

1. A computer implemented method of repricing an electronically received reimbursement claim under at least one contract comprising: providing programming code for converting each contract into a plurality of terms and a contract identifier code, each term, of the plurality of terms, containing qualification codes, calculation codes and at least two priority notes, and arranging the plurality of terms, of said contract, into a sequential series of terms;

providing programming code for converting the reimbursement claim into a series of claim lines, each claim line containing a claim code, a unit number and a corresponding charge;

providing programming code for sequentially comparing each claim code, of the series of claim lines, against each qualification code, of the plurality of terms and when a claim code, of a claim line, is substantially equal to a qualification code, of a term, identifying said term as a matching term associated to said claim line,

providing programming code for determining any priority conditions associated to all of the matching terms, and eliminating any matching terms that are excluded by said priority conditions; and

providing programming code for determining a reimbursement amount for the claim by processing the calculation codes of the non-eliminated matching terms.

2. The computer implemented method of claim 1 wherein the programming code for determining any priority conditions include: programming code for categorizing the terms, of the sequential series of terms, into pre-defined sections, wherein the pre-defined sections have a hierarchy that lists a pre-defined section having priority over another pre-defined section prior to said other pre-defined section.

3. The computer implemented method of claim 2 wherein the programming code for determining any priority conditions further include:

programming code for arranging the terms, within each pre-defined section, by a reverse hierarchy, which sequential lists a term, having priority over another term, subsequent to said other term.

4. The computer implemented method of claim 3 wherein the step of sequentially comparing further includes:

when a claim code, of a claim line, is substantially equal to a qualification code of a term, programming code for identifying the pre-defined section in which the term is categorized under as a governing pre-defined section for said claim line;

programming code for sequentially comparing the claim code of said claim line, only against the qualification codes, of each term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, programming code for identifying said term as a matching term associated to said claim line.

5. The computer implemented method of claim 4 wherein the step of determining the reimbursement amount includes:

programming code for determining a reimbursement charge for each claim line associated to a non-eliminated matching term; and

programming code for adding the reimbursement charges for said claim lines, whereby the reimbursement amount for the claim is the addition of the reimbursement charges.

6. The computer implemented method of claim 5 wherein when a priority note, of a non-eliminated matching term, indicates that the calculation codes, of said non-eliminated matching term, apply to the entire claim, programming code for making the reimbursement amount for the claim equal to the reimbursement charge for the claim line associated to said non-eliminated matching term.

7. The computer implemented method of claim 6 wherein when a term, indicates that the calculation codes, of said term, apply to the reimburse amount of the claim, the method further including:

programming code for determining the reimbursement amount of said claim; and
when the qualifications of said term are satisfied, programming code for re-calculating the reimbursement amount based upon the calculation codes of said term.

8. The computer implemented method of claim 7 wherein the step of converting the claim further includes the step of programming code for associating the claim to a claim identifier code.

9. The computer implemented method of claim 8 further including:
programming code for comparing the claim identifier code, against the contract identifier code, of each contract, and when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract, wherein the repricing of said claim is repriced only against said governing contract.

10. The computer implemented method of claim 9 wherein the step of repricing the claim against said governing contract further includes:

when at least two contracts are identified as governing contracts, programming code for repricing said claim against each governing contract creating a list of governing reimbursement amounts.

11. The computer implemented method of claim 10 further comprising:
programming code for determining a lowest governing reimbursement amount, of the list of governing reimbursement amounts, wherein the lowest governing reimbursement amount is the reimbursement amount of said claim.

12.–23. (Withdrawn)

24. An article of manufacture comprising:

a computer usable medium having computer readable program code embodied therein for repricing a reimbursement claim against at least one contract, said claim containing a claim identifier, a plurality of claim lines and a total charge, said contract containing a contract identifier and a plurality of contractual terms, the computer readable program code means in the article of manufacture comprising:

computer readable program code means for causing a computer to generate a rate sheet which represents a contract, of the at least one contract, the rate sheet containing one or more rate terms that represent the contractual terms of said contract, and containing a rate identifier code that represents the contract identifier of said contract;

computer readable program code means for causing a computer to generate the claim, the claim having a claim identifier codes and a series of claim lines, each claim line including a claim code, a unit number and a code charge;

computer readable program code means for causing a computer to reprice the claim against a rate sheet, and to generate and assign a reimbursement amount to said repriced claim; and

computer readable program code means for causing a computer to graphically display the reimbursement amount of the repriced claim, and a difference between the total charge of the claim and the reimbursement amount of the repriced claim.

25. The article of manufacture of claim 24, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes: computer readable program code means for causing a computer to assign qualification codes, calculation codes and at least one priority note to each rate term, and to arrange said rate terms into a sequential series of terms.

26. The article of manufacture of claim 25, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes: computer readable program code means for causing a computer to graphically convey the rate sheet by displaying the sequential series of terms in an English language representation.

27. The article of manufacture of claim 26, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes:

computer readable program code means to generate and display each rate term as a English language paragraph with a series of data entry panels interspersed in the paragraph, the data entry panels prompting a user to define the calculation codes, qualification codes and priority codes for each rate term.

28. The article of manufacture of claim 27, wherein the computer readable program code means for repricing the claim against a rate sheet further includes: computer readable program code means causing a computer to sequentially compare each claim code, included in the series of claim lines, against each qualification code, of each rate term; and

when a claim code, of a claim line, is substantially equal to a qualification code, of a rate term, the computer readable program code means causing a computer to identify said rate term as a matching rate term associated to said claim line;

computer readable program code means causing a computer to determine any priority conditions associated to the matching rate terms and to eliminate any matching rate terms that are excluded by said priority conditions defining a series of remaining matching rate terms; and

computer readable program code means causing a computer to compute the reimbursement amount from the calculation codes of the remaining matching rate terms.

29. The article of manufacture of claim 28, wherein the computer readable program code means for causing a computer to generate a rate sheet further includes: computer readable program code means to categorize the rate terms, of the rate sheet, in pre-defined sections, the pre-defined sections have a hierarchy sequence that assigns priority conditions to the rate terms categorized therein.

30. The article of manufacture of claim 29, wherein the article of manufacture further includes:

computer readable program code means causing a computer to assign priority conditions to the priority codes of the rate terms categorized within one of the predefined sections, said priority conditions defining a priority sequence of said rate terms.

31. The article of manufacture of claim 30, wherein the computer readable program code means for causing a computer to sequentially compare each claim code further includes:

when a claim code, of a claim line, is substantially equal to a qualification code, of a rate term, the computer readable program code means causing a computer to identify the pre-defined section in which the rate term is categorized under as a governing pre-defined section for said claim line;

computer readable program code means causing a computer to sequentially compare the claim code of said claim line, against only the qualification codes, of each rate term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, the computer readable program code means causing a computer to identify said term as a matching term associated to said claim line.

32. The article of manufacture of claim 31, wherein the article of manufacture further includes:

computer readable program code means causing a computer to compare the claim identifier against the rate identifier code and to identify a rate sheet as a governing rate sheet which has a rate identifier code substantially equal to the claim identifier; and

computer readable program code means causing a computer to reprice the claim only against a governing rate sheet.

33. The article of manufacture of claim 32, wherein the article of manufacture further includes:

when at least two rate sheets are identified as governing rate sheets, computer readable program code means causing a computer to reprice the claim against each governing rate sheet and to create a list of governing reimbursement amounts.

34. The article of manufacture of claim 33, wherein the article of manufacture further includes:

computer readable program code means causing a computer to receive an input from an user to direct the computer to assign either the highest or lowest governing reimbursement amount, from the list of governing reimbursement amounts, as the reimbursement amount of the repriced claim.

35. The article of manufacture of claim 34, wherein the article of manufacture further includes:

computer readable program code means for causing a computer to store in a repriced claim storage location a repriced claim along with the reimbursement amount of said repriced claim, said repriced claim includes the claim identifier code and claim lines associated to said repriced claim.

36. The article of manufacture of claim 35, wherein the article of manufacture further includes:

computer readable program code means for causing a computer to compare the claim identifier code, of a claim, against the claim identifier code, of each repriced claim, stored in the repriced claim storage location;

when the claim identifier code, of said claim, is substantially equal to the claim identifier code, of a repriced claim, the computer readable program code means causing a computer to combine the claim lines of said claim with the claim lines of said repriced claim to create a bundled claim; and

computer readable program code means for causing a computer to reprice the bundled claim and rewrite said repriced claim with the repriced bundled claim.

37. The article of manufacture of claim 36, wherein the article of manufacture further includes:

computer readable program code means causing a computer to store in a rate sheet storage location the calculation codes, qualification codes and priority codes of a rate sheet.

38. The article of manufacture of claim 37, wherein the article of manufacture further includes:

computer readable program code means causing a computer to store in a claim storage location the claim lines of a claim.

39. The article of manufacture of claim 38, wherein the article of manufacture further includes:

computer readable program code means causing a computer to store in an identifier storage location a plurality of identifier codes substantially equal to the rate identifier codes, of each rate sheet, and the claim identifier codes, of each claim; and

computer readable program code means causing a computer to logically link each claim having a claim identifier code and each rate sheet having a rate identifier code that are substantially equal to a single identifier code, of the plurality of identifier codes; and

computer readable program code means causing a computer to receive inputs from a user, said inputs to cause the computer to access the identifier storage location and to change an identifier code, of the plurality of identifier codes, whereby each claim and each rate sheet logically linked to said identifier code is automatically changed.

40. A computer implemented method for repricing a reimbursement claim under at least one contract, (1) each claim containing at least one claim line, each claim line being defined by claim codes, a unit number and a corresponding charge, and (2) each contract containing at least one contractual term, each contractual term being defined by qualification codes, calculation codes, the method for repricing comprising:

comparing each claim code, of the claim, against each qualification code, of each contractual term, of a contract;

when a qualification code, of a contractual term, is satisfied by a claim code, of a claim line, identifying said contractual term as a matching contractual term associated to said claim line, and creating a list of all matching contractual terms;

determining any priority conditions associated to the matching contractual terms, and eliminating any matching contractual terms, from said list of matching terms that are excluded by said priority conditions; and

determining a reimbursement charge for each claim line associated to a non-eliminated matching term, and adding the reimbursement charges for said claim lines, wherein the reimbursement amount for the claim is the addition of said reimbursement charges.

41. The computer implemented method of claim 40 further comprising:

storing each contract on a network contract storage location, the network storage location containing a plurality of contract sets, each contract set associated to a set identifier, each contract further including a contract identifier and a set identifier, wherein each contract containing a set identifier substantially equal to a set identifier of a contract set, is stored within said contract set;

identifying each claim with a set identifier and a claim identifier;

comparing the set identifier of a claim against the set identifier, of each contract set, when the set identifier of a claim is substantially equal to the set identifier of a contract set, identifying said contract set as a governing contract set;

comparing the claim identifier of said claim against the contract identifiers of each contract, stored within said governing contract set, and when the claim identifier of said claim is substantially equal to the contract identifier of a contract, stored within said governing contract set, identifying said contract as a governing contract; and

determining the reimbursement amount of said claim only against said governing contract.

42. The computer implemented method of claim 41 wherein the priority conditions further includes:

categorizing the contractual terms, of each contract, into a set of sequentially listed pre-defined sections, wherein the pre-defined sections have a hierarchy that lists a pre-defined section, having priority over other pre-defined sections, before said other pre-defined sections.

43. The computer implemented method of claim 42 wherein the priority conditions further includes:

arranging the contractual terms, categorized in each pre-defined section, in a reverse hierarchy, wherein a contractual term having priority over other contractual terms is listed subsequent said other contractual terms.

44. The computer implemented method of claim 43, wherein the computer readable program code means for causing a computer to sequentially compare each claim code further includes:

when a claim code, of a claim line, is substantially equal to a qualification code, of a contractual term, the computer readable program code means causing a computer to identify the pre-defined section in which the contractual term is categorized under as a governing pre-defined section for said claim line;

computer readable program code means causing a computer to sequentially compare the claim code of said claim line, against only the qualification codes, of each contractual term categorized under said governing pre-defined section; and

when the claim code of said claim line is substantially equal to a qualification code, of a term categorized under said governing pre-defined section, the computer readable program code means causing a computer to identify said contractual term as a matching contractual term associated to said claim line.

45. The computer implemented method of claim 44 wherein the priority conditions include a claim priority condition which eliminates any matching contractual terms that is listed in a pre-defined section that is excluded by the claim priority condition.

46. The computer implemented method of claim 45 wherein when one of the priority notes associated to a matching contractual term indicates that said matching contractual term reprises the entire claim, eliminating all other matching contractual terms.

47. The computer implemented method of claim 46 wherein the reverse hierarchy is determined by the priority notes associated to each contractual term, categorized in a pre-defined section.

48. The computer implemented method of claim 47 wherein the step of repricing further includes:

comparing the claim identifier code against the contract identifier code, of each contract, wherein when the claim identifier code is substantially equal to a contract identifier code, of a contract, identifying said contract as a governing contract; and

determining a reimbursement amount of the claim only against the governing contract.

49. The computer implemented method of claim 48 wherein the step determining a reimbursement amount for the claim against the governing contract includes:

when at least two contracts are identified as governing contracts, repricing said claim against each governing contract creating a list of governing reimbursement amounts, wherein the reimbursement amount of said claim is the lowest governing reimbursement amount.

50. The computer implemented method of claim 49 further including:

storing the reimbursement amount of a claim and storing said claim as a repriced claim.

51. The computer implemented method of claim 50 wherein prior to determining the reimbursement amount for a claim the method including: comparing the claim identifier code, of said claim, against the claim identifier codes, of all stored repriced claims;

when the claim identifier code, of said claim is substantially equal to the claim identifier codes, of a stored repriced claim, combining the claim lines of said claim with the claim line of said repriced claim creating a bundled claim;

determining the reimbursement amount of the bundled claim, instead of determining the reimbursement amount of said claim; and

rewriting the reimbursement amount of the stored repriced claim with the reimbursement amount of the bundled claim and rewriting the stored claim with the bundled claim.

52. The computer implemented method of claim 40 further comprising:

tracking the priority conditions associated to the non-eliminated matching terms; and

displaying said priority conditions along with the reimbursement charge of the claim lines associated with said non-eliminated matching terms.

53. An article of manufacture comprising:

a computer usable medium having computer readable program code embodied therein for configuring a contract, containing contractual terms, for repricing a reimbursement claim, the computer readable program code means in the article of manufacture comprising:

computer readable program code means for causing a computer to generate a rate sheet representing the contractual terms of said contract, the rate sheet containing identifier codes, and one or more rate terms;

computer readable program code means for causing a computer to arrange the rate terms in a sequential series of terms; and

computer readable program code means for graphically conveying the rate sheet by displaying the sequential series of terms in an English language representation.

54. The article of manufacture of claim 53, wherein the article of manufacture further includes:

computer readable program code means to generate and display each rate term as a English language paragraph with a series of data entry panels interspersed in the paragraph, the data entry panels prompting a user to define calculation codes, qualification codes and priority codes for each rate term.

55. The article of manufacture of claim 54, where the article of manufacture further includes:

computer readable program code means to categorize the rate terms, of the rate sheet, in pre-defined sections, wherein the pre-defined sections have a pre-defined hierarchy sequence that assigns a priority to the rate terms categorized therein when repricing a claim.

56. The article of manufacture of claim 55, wherein the English language paragraph describes the qualification and calculation of the rate term when repricing a medical reimbursement claim.

57. The article of manufacture of claim 56, wherein the priority codes define a priority sequence to the rate terms within a pre-defined section, of said pre-defined sections.

58. The article of manufacture of claim 57, wherein the article of manufacture further includes:

computer readable program code means to permit a user to edit the calculation codes, qualification codes and priority codes of a rate term of the rate sheet.

59. The article of manufacture of claim 58, wherein the article of manufacture further includes:

computer readable program code means to store a rate sheet, in a data center containing a plurality of networks, each network containing a plurality of rate sheets, similarly configured; and

when the identifier codes of a rate sheet identifier a specific network, of the plurality of networks, the computer readable program code means stores said rate sheet in the specific network.

60. A method for electronically representing a reimbursement contract between an insurer and a service provider, the method comprising:

generating information, stored to computer-readable medium, representing at least one term of said reimbursement contract; and

associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method.

61. The method of claim 60 wherein the generated information represents a plurality of terms of said reimbursement contract, further comprising:

associating, with each of said plurality of terms, information, stored to computer-readable medium, representing a priority of such term relative to the other terms.

62. The method of claim 61 wherein if the corresponding at least one qualifier for multiple ones of the plurality of terms is satisfied by said claim, the priority information is usable to determine the term having the highest priority.

63. The method of claim 62 wherein the corresponding calculation method for the satisfied at least one qualifier of the term determined to have the highest priority is triggered for computing a reimbursement amount for the claim.

64. The method of claim 60 comprising:
associating, with said at least one term, information, stored to computer-readable medium, representing a plurality of different qualifiers that each have a different calculation method associated therewith, wherein each of the different qualifiers identifies a different condition to be satisfied by a claim for reimbursement in order to trigger its respective associated calculation method.

65. Computer-executable software code stored to a computer-readable medium, the computer-executable software code comprising:
code for defining at least one term of a contract for reimbursement by an insurer; and
code for associating with the at least one term a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.

66. The computer-executable software code of claim 65 wherein said code for defining at least one term of a contract comprises code defining a plurality of terms of said contract.

67. The computer-executable software code of claim 65 further comprising:
code for receiving information about a claim submitted for reimbursement; and
code for determining at least one term having a qualification that is satisfied by said claim.

68. The computer-executable software code of claim 65 wherein said code for associating comprises:

code for associating with a first term of said contract a first qualification having a corresponding first calculation method; and

code for associating with said first term of said contract a second qualification having a corresponding second calculation method.

69. The computer-executable software code of claim 68 further comprising:
code for receiving information about a claim submitted for reimbursement;
code for determining whether said first term and its associated first qualification are satisfied by said claim;

code for determining whether said first term and its associated second qualification are satisfied by said claim;

code for computing a reimbursement amount for said claim according to the first calculation method if said claim satisfies said first term and its associated first qualification; and

code for computing a reimbursement amount for said claim according to the second calculation method if said claim satisfies said first term and its associated second qualification.

70. The computer-executable software code of claim 65 further comprising:
code for receiving selection of any one or more attributes of a claim for reimbursement to be used in defining said at least one term of a contract.

71. Computer-executable software code stored to a computer-readable medium, the computer-executable software code comprising:

code for generating a user interface providing a phrase describing a term of a contract for reimbursement, wherein said phrase includes at least one input field for receiving input from a user; and

code for generating information, stored to computer-readable medium, representing said at least one term of said reimbursement contract based at least in part on information input to said at least one input field.

72. The computer-executable software code of claim 71 wherein said contract for reimbursement is a contract for reimbursement by an insurer.

73. The computer-executable software code of claim 71 wherein said phrase includes at least one sentence.

74. The computer-executable software code of claim 71 wherein upon input to said at least one input field, said phrase forms at least one complete sentence.

75. The computer-executable software code of claim 71 wherein said at least one input field includes a drop-down menu providing a plurality of choices for selection of input to such field.

76. The computer-executable software code of claim 71 wherein said code for generating information representing said at least one term of said reimbursement contract comprises:

code for associating, with said at least one term, information, stored to computer-readable medium, representing at least one qualifier having a corresponding calculation method, wherein the at least one qualifier identifies at least one condition to be satisfied by a claim for reimbursement in order to trigger the corresponding calculation method.

77. The computer-executable software code of claim 76 wherein said at least one input field receives information corresponding to at least one of the group consisting of: said at least one qualifier, and said calculation method.

78. The computer-executable software code of claim 71 comprising:
code for generating output presenting at least one phrase describing terms of the represented contract for reimbursement.

79. Computer-executable software code stored to a computer-readable medium, the computer-executable software code comprising:

- code for defining terms of a contract for reimbursement by an insurer; and
- code for generating output presenting at least one phrase describing the terms of the defined contract for reimbursement.

80. The computer-executable software code of claim 79 wherein the code for defining said terms of said contract comprise:

- code for associating, with each of the terms, a qualification having a corresponding calculation method, wherein the qualification identifies when a received claim for reimbursement qualifies for reimbursement, under the term with which the qualification is associated, according to the corresponding calculation method.

81. The computer-executable software code of claim 79 wherein the code for generating output comprises:

- code for generating output presenting said at least one phrase, wherein said at least one phrase includes at least one sentence.

82. A method for generating an electronic representation of a contract for reimbursement, the method comprising:

- receiving, by a processor-based device, input identifying at least one term of said reimbursement contract;

- for each of the at least one term, receiving, by said processor-based device, input identifying at least one qualification that specifies at least one condition to be satisfied in a claim for the claim to qualify for reimbursement according to the corresponding contract term; and

- for each of the at least one qualification, receiving, by said processor-based device, input identifying a corresponding calculation method.

83. The method of claim 82 further comprising:

- said processor-based device representing each of said at least one term of said

reimbursement contract by storing to a computer-readable medium the corresponding at least one qualification for each of the at least one term.

84. A method for determining a reimbursement amount for a claim, comprising:
defining a reimbursement contract in computer-executable program code stored to a computer-readable medium, where said definition of said reimbursement contract includes information associating at least one term of the contract with at least one qualifier having a corresponding calculation method;

receiving into a processor-based device, information about a claim received for reimbursement; and

said processor-based device determining a reimbursement amount for the claim based at least in part on the defined reimbursement contract.

85. The method of claim 84 wherein said reimbursement contract comprises a contract between an insurer and a service provider.

86. The method of claim 84 wherein said claim for reimbursement is a claim by a medical service provider for reimbursement from an insurer for medical services rendered.

IX. EVIDENCE APPENDIX

No evidence pursuant to §§ 1.130, 1.131, or 1.132 or entered by or relied upon by the examiner is being submitted.

X. RELATED PROCEEDINGS APPENDIX

No related proceedings are referenced in II above, and thus no copies of decisions in related proceedings are provided.